

<i>SERFF Tracking Number:</i>	<i>TRAX-125701887</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CM AR0803601F01</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0000 Inland Marine Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Independent - Military Transit and Storage - Form</i>		
<i>Project Name/Number:</i>	<i>Independent - Military Transit and Storage - Form Filing/CM AR0803601F01</i>		

Filing at a Glance

Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.

Product Name: Independent - Military Transit and Storage - Form SERFF Tr Num: TRAX-125701887 State: Arkansas

TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations	Co Tr Num: CM AR0803601F01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: SPI Transguard	Disposition Date: 06/20/2008
Date Submitted: 06/18/2008	Disposition Status: Approved

Effective Date Requested (New): 07/18/2008	Effective Date (New): 07/18/2008
Effective Date Requested (Renewal):	Effective Date (Renewal): 07/18/2008

State Filing Description:

General Information

Project Name: Independent - Military Transit and Storage - Form Filing	Status of Filing in Domicile:
Project Number: CM AR0803601F01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/20/2008	
State Status Changed: 06/20/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

In accordance with the filing requirements of your state, we hereby submit the captioned filing for your review and acceptance. This filing contains the following endorsement:

<i>SERFF Tracking Number:</i>	<i>TRAX-125701887</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CM AR0803601F01</i>		
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<i>Project Name/Number:</i>	<i>Independent - Military Transit and Storage - Form Filing/CM AR0803601F01</i>		

Military Transit and Storage Gap Coverage 084074 06/08

This optional endorsement modifies the cargo and warehouse liability coverage forms of the policy to which it is attached to provide full replacement value coverage on personal property transported at government expense under contract with the Department of Defense. This endorsement is new and does not replace any presently filed form. See enclosed Explanatory Memorandum for a detailed description of this form.

Please be advised that this item may be system-generated and formatted differently due to systems constraints. The content, however, will remain the same. In such case, the enclosed item will not be re-filed unless otherwise requested by your Department in response to this filing.

This filing is being submitted under your prior approval provision. We request that this filing be applicable to policies effective on or after July 18, 2008 or your date of approval, if earlier.

We have also developed new rating rules for use with the Military Transit and Storage Gap Coverage. However, in accordance with state statutes regulating this type of inland marine coverage, such material is not required to be filed. We will maintain an internal "drawer" filing for our records.

Company and Contact

Filing Contact Information

Robert Goddard, Compliance Analyst	Robert.Goddard@Transguard.com
215 Shuman Blvd	(630) 864-3476 [Phone]
Naperville, IL 60563	(630) 864-3579[FAX]

Filing Company Information

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.	CoCode: 28886	State of Domicile: Illinois
215 Shuman Blvd	Group Code: 225	Company Type: Property & Casualty
Suite 400		
Naperville, IL 60563	Group Name: IAT Reinsurance Company Group	State ID Number:

SERFF Tracking Number: TRAX-125701887 State: Arkansas
Filing Company: TRANSGUARD INSURANCE COMPANY OF State Tracking Number: EFT \$50
AMERICA, INC.
Company Tracking Number: CM AR0803601F01
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Independent - Military Transit and Storage - Form
Project Name/Number: Independent - Military Transit and Storage - Form Filing/CM AR0803601F01
(800) 796-2480 ext. [Phone] FEIN Number: 36-3529298

SERFF Tracking Number: TRAX-125701887 State: Arkansas
Filing Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. State Tracking Number: EFT \$50
Company Tracking Number: CM AR0803601F01
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Independent - Military Transit and Storage - Form
Project Name/Number: Independent - Military Transit and Storage - Form Filing/CM AR0803601F01

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.	\$50.00	06/18/2008	20977123

SERFF Tracking Number: TRAX-125701887 State: Arkansas
Filing Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. State Tracking Number: EFT \$50
Company Tracking Number: CM AR0803601F01
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Independent - Military Transit and Storage - Form
Project Name/Number: Independent - Military Transit and Storage - Form Filing/CM AR0803601F01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/20/2008	06/20/2008

SERFF Tracking Number:	TRAX-125701887	State:	Arkansas
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Project Name/Number:	Independent - Military Transit and Storage - Form Filing/CM AR0803601F01		

Disposition

Disposition Date: 06/20/2008
Effective Date (New): 07/18/2008
Effective Date (Renewal): 07/18/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TRAX-125701887 State: Arkansas

Filing Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. State Tracking Number: EFT \$50

Company Tracking Number: CM AR0803601F01

TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Product Name: Independent - Military Transit and Storage - Form

Project Name/Number: Independent - Military Transit and Storage - Form Filing/CM AR0803601F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
	Cover Letter	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Supporting Document	Military Transit And Storage Gap Coverage	Approved	Yes
Form			

SERFF Tracking Number: TRAX-125701887 State: Arkansas

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TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Product Name: Independent - Military Transit and Storage - Form

Project Name/Number: Independent - Military Transit and Storage - Form Filing/CM AR0803601F01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Military Transit And Storage Gap Coverage	084074	06/08	Endorsement/Amendment/Conditions		0.00	084074.PDF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MILITARY TRANSIT AND STORAGE GAP COVERAGE

This endorsement modifies insurance provided under the following:

BASIC CARGO LIABILITY COVERAGE FORM
 BASIC WAREHOUSE LIABILITY COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

Name of Insured:	Policy Number:
Effective Date:	Countersigned by

(Authorized Representative)

SCHEDULE

Coverage	Applicable Coverage or Option indicated below by <input checked="" type="checkbox"/>
<input type="checkbox"/> Cargo Liability	Full Replacement Value (FRV) Liability of _____ This provision will be effective for International Shipments occurring on or after October 1, 2007; for Domestic Shipments on or after November 1, 2007; and for Direct Procurement Method (DPM) Shipments on or after March 1, 2008.
<input type="checkbox"/> Warehouse Liability	Full Replacement Value (FRV) Liability based on _____ This provision will be effective for Non-Temp Storage lots or Direct Procurement Method (DPM) Storage lots accepted on or after March 1, 2008.
Claim Settlement Option:	<input type="checkbox"/> Immediate Response <input type="checkbox"/> Reimbursement of Settlement
Premium Charged:	\$ _____

In consideration of the premium charged, this endorsement changes the coverage terms and conditions of the **BASIC WAREHOUSE LIABILITY COVERAGE FORM** and/or the **BASIC CARGO LIABILITY COVERAGE FORM** to comply with the **DOD** rules and regulations governing the transportation and/or storage of Military Household Goods and/or Unaccompanied Baggage as described and defined in **Surface Deployment and Distribution Command (SDDC) Guidelines for Full Replacement Value (FRV)**. Throughout this endorsement these Guidelines are referred to as "**SDDC FRV Guidelines**".

These changes in coverage only apply to shipments or storage lots on which you are the Transportation Service Provider (TSP).

Option 1: Immediate Response Claim Settlement

If this option is selected, you as the **TSP** must report any and all claims to us no later than two (2) business days after your receipt of notice of such claim. We will then settle the claim directly with the **Owner**. There are four exceptions:

- If the claim can be settled under the **SDDC FRV Guidelines** provision for **Quick Claim Settlement**, we will reimburse you for any part of such settlement that exceeds the applicable deductible of your policy.
- If the claim falls under the provision for **Claims for \$25 or Less** in the **SDDC FRV Guidelines**, you must pay any and all such claims directly.

- c. If the claim involves essential items as described in the provision for **Essential Items** of the **SDDC FRV Guidelines**, you must immediately comply with the requirements of that provision. We will reimburse you for any such expenditure or credit the amount of your payments against any applicable deductible.
- d. If the claim involves a catastrophic loss as described in the provision for **Catastrophic Loss Payments** of the **SDDC FRV Guidelines**, you must immediately comply with the requirements of that provision. We will reimburse you for any such expenditure or credit the amount of your payments against any applicable deductible.

Option 2: Reimbursement of Claim Settlement

If this option is selected, you must employ or contract with a competent claims settlement person or company. If claims are settled in accordance with the **SDDC FRV Guidelines**, we will reimburse you for the amount of any such settlement that exceeds your policy deductible.

There are several limitations:

- a. If the estimated amount of any claim settlement exceeds \$5,000, you must immediately notify us. After such notification, we may ask to review settlement documents before you make payment to the **Owner**.
- b. You must immediately report to us your receipt of any claim that falls under the provision for **Catastrophic Loss Payments** of the **SDDC FRV Guidelines**.
- c. You must report to us any claim that is subject to the provision for **Dispute Resolution** of the **SDDC FRV Guidelines**.
- d. You must report to us any claim that might be shared with another **TSP**. The insurance coverage of any other **TSP** may not provide the same coverage as your policy.
- e. We will not reimburse you for any increase in claim liability that results from your failure to settle the claim in a timely manner, results from the referral of any claim to an **MCO** by the **Owner**, or results from your failure to follow the **SDDC FRV Guidelines**. We will, however, reimburse you the amount of the normal claim liability.

Deductible:

The provisions of this endorsement do not change your deductible as shown elsewhere in this policy for the **BASIC CARGO LIABILITY COVERAGE FORM** and/or the **BASIC WAREHOUSE LIABILITY COVERAGE FORM**.

If you elect **Option 1**, we will invoice you the amount of such deductible. If you elect **Option 2**, such reimbursement will be net of your deductible.

The following are acronyms and terms commonly applicable to Military Household Goods or used in this coverage and/or the **SDDC FRV Guidelines**. Some of these terms are also defined in the **SDDC FRV Guidelines**.

Surface Deployment and Distribution Command (SDDC) Guidelines for Full Replacement Value (FRV) or SDDC FRV Guidelines refer to the guidelines posted on the **SDDC** website for **TSP** payment of full replacement value for loss of, or damage to, baggage or household goods transported under contract with the **DOD** that implement Chapter 157, Title 10 U.S. Code Section 2636a, also known as The Full Replacement Value Act of 2003.

Transportation Service Provider (TSP) means any party, person, agent or transportation carrier that provides freight or passenger transportation and related services to a governmental agency.

Military Claims Office (MCO) means a government office designated by a military service to take in, process or adjudicate claims.

SDDC refers to the Military Surface Deployment and Distribution Command which is the Traffic Manager for the Department of Defense (**DOD**) Personal Property Program.

RSMO refers to the Regional Storage Management Office that oversees the Non-Temporary Storage (**NTS**) program.

iHHG refers to the International Household Goods program. **UB** refers to the Unaccompanied Baggage Program.

Owner means the person whose property is being shipped and/or whose name the property is stored under. Owner shall mean the person who is entitled to a shipment at **DOD** expense, even if that person does not have formal legal title to all of the goods that are stored or shipped, and shall include the owner's agent/consignee, or, in the case of a deceased owner, the survivors or estate of the owner.

International Shipments are only those that occur within the coverage territory as specified in Paragraph **F.2.b.** of the **BASIC CARGO LIABILITY COVERAGE FORM**. This coverage territory includes the United State of America (including its territories and possessions), Puerto Rico, and Canada.

Domestic Shipments are only those that occur within the 48 contiguous Continental United States or **CONUS**.

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRAX-125701887 State: Arkansas
Filing Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. State Tracking Number: EFT \$50
Company Tracking Number: CM AR0803601F01
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Independent - Military Transit and Storage - Form
Project Name/Number: Independent - Military Transit and Storage - Form Filing/CM AR0803601F01

Supporting Document Schedules

	Review Status:	
Satisfied -Name: Uniform Transmittal Document-Property & Casualty	Approved	06/20/2008

Comments:

See attached NAIC P&C Transmittal Document and Form Filing Schedule.

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.PDF

	Review Status:	
Satisfied -Name: Cover Letter	Approved	06/20/2008

Comments:

See attached cover letter.

Attachment:

Cover Letter.PDF

	Review Status:	
Satisfied -Name: Explanatory Memorandum	Approved	06/20/2008

Comments:

See attached explanatory memorandum.

Attachment:

Explanatory Memorandum.PDF


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Group NAIC #			
IAT Reinsurance Company Group	0225			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.	IL	28886	36-3529298	

5. Company Tracking Number	CM AR0803601F01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Robert E. Goddard 215 Shuman Blvd, Suite 400 Naperville IL 60563	Compliance Analyst	(800)-796-2480 Ext. 3476	630-864-3579	Robert.Goddard@Transguard.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Robert E. Goddard			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	09.0 Inland Marine			
10. Sub-Type of Insurance (Sub-TOI)	09.0000 Inland Marine Sub-TOI Combinations			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]				
12. Company Program Title (Marketing Title)	Military Transit and Storage Gap Coverage			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	July 18, 2008	Renewal:	July 18, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing	June 18, 2008			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	CM AR0803601F01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

In accordance with the filing requirements of your state, we hereby submit the captioned filing for your review and acceptance. This filing contains the following endorsement:

Military Transit and Storage Gap Coverage 084074 06/08

This optional endorsement modifies the cargo and warehouse liability coverage forms of the policy to which it is attached to provide full replacement value coverage on personal property transported at government expense under contract with the Department of Defense. This endorsement is new and does not replace any presently filed form. See enclosed Explanatory Memorandum for a detailed description of this form.

Please be advised that this item may be system-generated and formatted differently due to systems constraints. The content, however, will remain the same. In such case, the enclosed item will not be re-filed unless otherwise requested by your Department in response to this filing.

This filing is being submitted under your prior approval provision. We request that this filing be applicable to policies effective on or after July 18, 2008 or your date of approval, if earlier.

We have also developed new rating rules for use with the Military Transit and Storage Gap Coverage. However, in accordance with state statutes regulating this type of inland marine coverage, such material is not required to be filed. We will maintain an internal "drawer" filing for our records.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: N/A Amount: \$50.00 paid by EFT through SERFF</p> <p>1 form x \$50.00/form = \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CM AR0803601F01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	Drawer Filing # CM AR0803701R01
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Military Transit And Storage Gap Coverage	084074 06/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



215 Shuman Blvd., Suite 400
Naperville, IL 60563

June 18, 2008

Commissioner Julie Benafield Bowman
Attn: Property & Casualty Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Submitted Via SERFF

RE: **Commercial Inland Marine**
Independent - Military Transit and Storage - Form Filing
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
NAIC#: 0225-28886 FEIN: 36-3529298
Filing#: CM AR0803601F01

Dear Property & Casualty Division:

In accordance with the filing requirements of your state, we hereby submit the captioned filing for your review and acceptance. This filing contains the following endorsement:

<u>TITLE</u>	<u>FORM</u>	<u>EDITION</u>
Military Transit and Storage Gap Coverage	084074	06/08

This optional endorsement modifies the cargo and warehouse liability coverage forms of the policy to which it is attached to provide full replacement value coverage on personal property transported at government expense under contract with the Department of Defense. This endorsement is new and does not replace any presently filed form. See enclosed Explanatory Memorandum for a detailed description of this form.

Please be advised that this item may be system-generated and formatted differently due to systems constraints. The content, however, will remain the same. In such case, the enclosed item will not be re-filed unless otherwise requested by your Department in response to this filing.

This filing is being submitted under your prior approval provision. We request that this filing be applicable to policies effective on or after **July 18, 2008 or your date of approval, if earlier.**

We have also developed **new** rating rules for use with the Military Transit and Storage Gap Coverage. However, in accordance with state statutes regulating this type of inland marine coverage, such material is not required to be filed. We will maintain an internal "drawer" filing for our records.

If you have any questions or require additional information, please do not hesitate to contact me directly. Your prompt attention to this filing is appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert E. Goddard', written in a cursive style.

Robert E. Goddard
Compliance Analyst
Phone: 800-796-2480 Ext. 3476
Fax: 630-864-3579
Email: Robert.Goddard@Transguard.com

Enclosure(s)

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.

COMMERCIAL INLAND MARINE EXPLANATORY MEMORANDUM Endorsement Filing

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. (TRANSGUARD) is submitting the following new independent endorsement.

TRANSGUARD is a subscriber of Insurance Services Office, Inc. (ISO), and we are affiliated with them for Commercial Inland Marine forms and endorsements. TRANSGUARD specializes in providing insurance for businesses that focus on the Relocation, Transportation and Storage industries and we write both monoline and package policies using the ISO program in conjunction with our independent forms and endorsements.

ENDORSEMENT

- **084074 06/08 – MILITARY TRANSIT AND STORAGE GAP COVERAGE:**

This is a new optional endorsement that provides coverage to help satisfy a transportation service provider's obligation to provide full replacement value coverage for damaged or lost personal property transported at Government expense under contract with the U.S. Department of Defense for members of the armed forces and civilian employees. It modifies coverage provided under our previously filed independent forms 083006, Basic Cargo Liability Coverage Form and 083007, Basic Warehouse Liability Coverage Form. Our independent forms 083006 and 083007 are used with applicable ISO endorsements approved for use in your state, including but not limited to: CM 00 01, Commercial Inland Marine Conditions, IL 00 17, Common Policy Conditions, and any state required mandatory endorsements that are required to used.*

The limits of liability included in the Schedule of this endorsement are the full replacement value coverage limits mandated by the Department of Defense under guidelines issued to implement Chapter 157, Title 10 U.S. Code Section 2636a, also known as The Full Replacement Value Act of 2003. The coverage limits included in this form are variable as those limits are subject to change by the Department of Defense.

* Copies of the approved ISO forms listed above can be provided upon request.